Payroll Action 10/25/18



<u>VANCE COUNTY</u> PERSONNEL / PAYROLL ACTION FORM



New Hire/Rehire	Change	Leave of At	sence Termin	Other
Effective Date:	10/24/2018		Date of Hire: 0	6/05/2017
Name:	JUSTIN J. WHITE	·	•	
Address:			Marital Status:	
City/State:			Sex:	Race:
Zip County:			Date of Birth:	
Department:	SHERIFF'S OFFICE			
Job Title:				Job #:
Monthly/Hourly Rate:	-		_ Annual Salary:	
Explanation:	SERVICES NO LONGER	NEEDED		
SHERIFF &	911 ONLY: Please che	ck all that apply.	Provide a date and a co	py of the certification.
Sheriff Department-BLET (Certified:	·	911 EMD Certified: _	
Employee Signature: Department Head Sign Human Resources Sign Payroll Signature:	ature:	vailable for	Signatury" her	Date:
This instrument has been pre-audited in the manner required by the Local Government Budget & Fiscal Control Act. Approved by Finance Director: Date:				
		AN RESOURCE		
		 1	ch the appropriate form	
Deductions: Emp	oloyee - Medical	Employee	- Dental	Employee - Life
Attach the following F	orms: Federal & S	State Tax Forms	Direct Deposit In	fo Longevity
Upon Employment Separation - Eligible: Vacation Payout Comp Time Payout				
Retirees Eligible for Bo	enefits: Health	······································	Denta!	Life
Completed By:				Date:

Form Revised 7 18 18